V. S. No. 1.

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of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. PERMANENT PLAINLY, WITH UNFADING INK-THIS IS A WRITE CAUSE OF Important. S Villags or City

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

.Ward)

[It death occurred in a hospital or Institution, give its NAME Instead of street and number.

FULL NAME / Cautes G.	Menchany
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED, OR DIVORCEO (Write the word)	(Month) (Day (Year)
TAGE 2 16 LESS than t day,hrs. ORmin.?	that I last saw here alive on the date stated above, at Y. IST. The CAUSE OF DEATH * was as follows:
(a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	darzugel Ophtheric (Duration) yrs mos 2 ds.
Description of Father (State or country) 10 NAME OF FATHER OR Beschard OF FATHER (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER	Contributory Secondary (Signed) (S
of Mother Revers V. Columbia 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Contraction (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Address) 15 - Think	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL POUNDERTAKER ADDRESS POUNDERTAKER ADDRESS
If more highly are needed address State Regist	The C. D. December SA. Date D

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But iu muny applies to each aud every persou, irrespective of age. who have no occupation whatever, write Nonc. eated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day taborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mitt; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and eansation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonacum, etc., Carcin-

affection need not be stated unless important. vatvutar heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of....... (name origin; "Caneer" is less definite; avoid use of "Tumor" for maligture of the American Medicai Association.) eause of death approved by Committee on Nomencla-"Contributory." scpsis, totanus) may be stated under the head iujury, as fracture of skull, and consequeuees (e. g., such, if impossible to determine definitely. Examples: which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debillty" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic by carbolic acid-probably suicide. The nature of the dent; Revolver, wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion,"



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AGE should be stated EXACT Y PHYSICIANS about properly classified. Exact statement of OCCUPATION RECORD PERMANENT 4 UNFADING INK-THIS IS of information should be carefully supplied.

DEATH in plain terms, so that it may be see instructions on back of certificate. WRITE PLAINLY, WITH B.—Every item of information should be CAUSE OF DEATH in plain terms, s Important.

PLACE OF DEATH



19758

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

ADDRESS

Village or City Murion (No. ,)	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
June 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH WWY, 27, 1915 (Month) (Day (Year)
6 DATE OF BIRTH Klue 25, 1885	17 I HEREBY CERTIFY, That I attended deceased from 27 1915, to 27 1915, that I last saw has alive on 26 1915
(Month) (Day (Year) 7 AGE It LESS than 1 day,hrs. 0Rmin.?	and that death occurred on the date stated above, at &
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Condicos Thouston (Buration) yrs. mos. ds. Contributory Julimoriary Infeccel.
10 NAME OF FATHER SSAC CLUTEUS 11 BIRTHPLACE OF FATHER (State or country) Maryloud 12 MAIDEN NAME OF MOTHER LEAS CINTLINA	(Signed) George (Ourstion) yrs mos ds. (Signed) George (Ourstion), M. D. M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (For Hospitals, Institutions, Transients,
13 BIRTHPLACE OF MOTHER (State or country) Md Invested Co 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Malliani & Centeria	OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death? former or usual residence.
(Address) Masson MD	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

cated thus: gainfully employed, as At school or At home. Care statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria. (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgcuital," "Senile," ctc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. Bronehopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-Sarcoma, etc., of..... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from tetanus) may be stated under the head of Measles (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Never report For vio-



V. S. No. 1. WRITE PLAINLY, WITH UNFADING INK-T
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PLACE OF DEATH . 197	59	STATE OF MA	
County Trullel	(6)	CERTIFICATE (OF DEATH
		Registration D	ist. No.
Village or City Marinn 2 FULL NAME Box	(No. ,	St; Ward)	[If death occurred in a hospital or institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PA	RTICULARS	MEDICAL CERTIFICATE	OF DEATH
SEX 4 COLOR OR RACE MARRIE WIDOWI OR DIVO (Write th	D, ED ORCED e word)	TE OF DEATH WILLS MANUEL (Month) I HEREBY CERTIFY. That is	(Day) (Year)
Brus deed hor	/5 , 19/5 that	I last saw h alive on	ttended deceased from , 191, , , , , , , , , , , , , , , , , ,
TAGE Orematics 7 mm mos, Chu	ulle 1 day, hrs.	that death occurred on the date so CAUSE OF DEATH * was as folio Months Olive	
(a) Trade, profession, or particular kind of work (b) General nature of industry		<u> </u>	
business, or establishment in which employed (or employer)		(Bursilon)	yrs mes ds.
9 BIRTHPLACE (State or country) Smusef	Co.	ontributory Secondary (Buration)	yrs. mos. da.
FATHER Movder 13	Signet N	white to me	cursing mo.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIOEN NAME	lined	*State the DISEASE CAUSING DEATH, of AUSES, state (1) MEANS OF INJURY; and DICIDAL OF HOMICIOAL.	r. in deaths from VIOLENT (2) whether Accinental.
of Mother Elley Elley. 13 BIRTHPLACE OF MOTHER (State or country) Smusef	Pho At pla		
(Intermant) Euro THE BEST OF MY K	NOWLEDGE Where if not Forme	was disease contracted, at place of death?	
(Address) Manin	med 19 pl	Revenis Centry	DATE OF BURIAL
Filed /// , 191 5 - 3 - 0 - 0	REGISTRAR 20 U	Osis Portur	Monin
If more blanks are needed,	address State Registrar, 16 W. S	aratoga St., Balto., Requesting V. S. No.	1.



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (relired & yrs.). For persons who have no occupation whatever, write None. state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemoid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Form laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton business or inclustry, and therefore an additional line especially in industrial employments, it is necessary to engineer, Stationory fireman, etc. cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planler, Physiapplies to each and every person, irrespective of age tion is very important, so that the relative healthfulis provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the ness of various pursuits can be known. The question -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Locomotive engineer, Civil But in many cases, If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dephtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telanus) may be stated SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Urarmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) head-homicide; Poisoned by carbolic acid-probably "Puerperal peritonitis," etc. birth or misearriage as "Puerperal septichaemia," eause. Always qualify all diseases resulting from childsymptoms or terminal conditions, such as "Asthenia," chopncumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping by railway train-accident; Revolver wound The nature of the injury, as fracture of skull, The contributory (secondary or intercur-State cause for which Never report mere



MANGUNIA TOTOTA DESCRIPTION OF THE PROPERTY OF	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement important. See instructions on back of certificate.
ו ע ע	UNFAL	that it certificat
V. S. No. 1.	WRITE PLAINLY, WITH I	B.—Every item of information should be carefully supplied. ACCAUSE OF DEATH in plain terms, so that it may be propimportant. See instructions on back of certificate.
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PHYSICIANS should state of OCCUPATION is very

RECORD

County Constant 19760	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 263
Village or City Not Wree (No. 1) 2FULL NAME For Poland.	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Result Tout of Single, MARRIED WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, Wille the word)	(Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from
ODATE OF BIRTH (Month) (Day (Year)	that I last saw here alive on Nor 14, 191 5
7 AGE It LESS than f day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	(Duration) yrs. mos. ds. Contributory Secondary
OF FATHER Walle Colored 11 BIRTHPLACE OF FATHER (State or country)	(Signed) , M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, If not at place of death? Former or usuat residence
(Address) 15 Filed Astral, 1915—Plaggil B. March Flegistrar If more blanks are negled address State Registrar	19 PLACE OF BURIAL OR REMOVAL, 20 UNDERTAKER ADDRESS Trar. 6 E. Franklin St., Balto, Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease gainfully employed, as At school or At home. Care "Mauager," "Dealer," etc., without more precisc specithe nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statemeut. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman," But iu many As examples: (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic gerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (c. g., such, if impossible to determine definitely. Examples: mia," "PUEBPEBAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Seuile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mcre symptoms or terminal conditions, such as "Asnatural heart disease; Chronic interstitial nephritis, ccr" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for



County Somuel-	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City B Grand Alanders of C	Registration Dist. No. 260 [If death eccurred a hospital or institution give its NAME instead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED WIDOWS OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Yea
6 DATE OF BIRTH (Month) (Day)	(Year) that I last saw h alive on
1 day.	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary
U DI BIRTHPLACE OF FATHER OF FATHER OF FATHER OF FATHER OF PATHER OF PATHER OF THE OF	(Signed) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUIGIDAL OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEI OR RECENT RESIDENTS) At place In the ef daethyrsmssds. State,yrsmss
(Informant) Str G. Bound of Address) Business and the second of the seco	if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Clus Amer of Sou h
Filed // , 191 Regist If more blanks are needed, address State Re	gistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

19761

1 PLACE OF DEATH



[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, If retired from without more The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by earbolic acid-probably suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Broncough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping to determine definitely. Examples: Accidental drowning; "PUERPERAL peritonitis," etc. birth or misearriage "Heart failure," "Haemorrhage," "Inanition," "Marasrent) affection need not be stated unless important. nephritis, etc. by railway train-accident; Revolver The contributory (secondary or intercuras "PUERPERAL septichaemia," State cause for which Never report mere "Exhaustion," nound

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV,-5 1915 BUREAU,V.S.

PERMANENT BINDING -THIS NK SERV UNFADING Ш C WITH MARGIN PL

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WRITE

PHYSICIANS should of OCCUPATION IS

RECORD

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [It death occurred in Ward) a hospital or institution. give its NAME Instead of street and number.] FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, DATE OF DEATH MARRIED. WIDOWED, (Write the word) 6 DATE OF BIRTH (Year) (Dav If LESS than and that desth occurred on the date stated sbove, s 1 dayhrs. The CAUSE OF DEATH * was as follows: OR ? OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE Contributory (State or country Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or countr *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country ... yrs. mos. _ ds. State ... Where was disease contracted. It not at place of death? Former or usoal residence

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

ADDRESS



[Approved by U. S. Census and American Public Health Association.]

Housewife, Housework, or At Home, and children, not who receive a definite salary), may be eutered as Physician, Compositor, Architect, Locomotive engineer cated thus: Farmer (retired 6 yrs.) For persons Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional liuc is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ago ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septiehacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. sepsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent)



N.B

1 PLACE OF DEATH

STATE OF MARYLAND



[Approved by U. S. Census and American Public Health Association.]

employed, as At school or At home. Care should be business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Hausemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Scrvant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers mill; (a) Salesman, (b) Grocery; (a) Forcman, only when needed. As examples: (a) Spinner, (b) Cotton engineer, Stationary fireman, etc. But in many cases, write None. precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part Locomotive engineer, Civil If retired from The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated SUICINAL, or HOMICINAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent neaths "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (mercly symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronges, peritonacum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of head—homicide; Poisoned by carbolic acid—probably Struck by railway birth or miscarriage as chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping The nature of the injury, as fracture of skull, The contributory (secondary or intercurtrain-accident; "PUERPERAL septichuemia," State cause for which Never report mere Revolver nound



		PHYSICIANS act statement of
	RECURD	EXACTLY ssified, Ex
MANGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	should be stated be properly class f certificate.
なりよう	INK-THIS IS	supplied. AGE s, so that it may
r I I I	H UNFADING	be carefully n plain term See instruc
2 5 2 4 2	PLAINLY, WITH	SEOF DEATH i
1.	WRITE	Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

County

3 SEX

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PLACE OF DEATH County Sound	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 Co.
Village or City Marin (No,	St.; Ward) [If death occorred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ternale Col Single, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 HEREBY CERTIFY. That attended deceased from
9 - 2 2 - , 19/(Month) (Day) , 19/(Yei	, 191 , to , 191 ,
7 AGE If LESS t 1 day, OR mios OR	hrs.
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry husiness, or establishment in which employed (or employer)	No Dr in attivitions (Buratton) yes mos ds
9 BIRTHPLACE (State or country)	Secondary Secondary
10 NAME OF FATHER Jorge Coulbrum 11 BIRTHPLACE OF FATHER (State or equator) Value (State or equator)	(Signed) F- Callery & RM. 0.
(State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	**State the DISEASE CAUSING DEATH, or, in deaths from VIGLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

REGISTRAR

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 11-29 1911

20 UNDERTAKER ADDRESS ran Want

of death yrs. mee. de. Where was diseese contracted,

If not at place of death?

Former or usual residence



[Approved by U. S. Census and American Public Health Association.]

or given up on account of the DISEASE CAUSING DEATH, wife, Housework, or At Home, and children, not gainfully —Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile fuctory. The material worked on may form part write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiwho receive a definite salary), may be entered as House-"Foreman," "Manager," "Dealer," etc., know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Women at home, who are engaged in If retired from without more

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic erebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Pronchopneumonia ("Pneumonia," meningualified, is indefinite); Tuberculosis of lungs, meningualified, is indefinite);

on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated state Means of injury and qualify as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or misearriage as "PUERPERAL septichuemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal eonditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. eough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of on Nomenelature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably "Heart failure," "Haemorrhage," "Inanition," "Marasby railway train-accident; Revolver wound Always qualify all diseases resulting from child-The contributory (secondary or intercur-State cause for which Never report more



1 PLACE OF DEATH	STATE OF MARYLAND
County Some	CERTIFICATE OF DEATH
County	Registration Dist. No. 1200
4 . 0	The state of the s
Village or City length (No	St.; Ward) [If death occurred in a hospital or institution,
B 7 5	give its NAME instead of street and number.]
FULL NAME JUST	ary
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH NOV 26 1015
fluide It Wister the word)	(Month) (Day (Year)
DATE OF BIRTH	17 I hereby Certify, That I attended deceased from
Jun 31 1914	1915, to Work 1915.
(Month) (Day (Year)	that I last saw h alive on 1915
AGE If LESS that	and that death booting on the date stated above, at
yrs D mos ds. OR min.?	The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or	Sles Califur
particular kind of work	
(b) General nature of industry, business, or establishment in	(Duration) yrs mas 10 ds
which employed (or employer)	Contributory
(State or country) Crisful	Secondary
10 NAME OF V.	Ouration) yrs mos ds
FATHER Lionell Husling	(Signed)
11 BIRTHPLACE OF FATHER	hors 6, 191 d. (Address) Ourful Perf
OF FATHER (State or country) 12 MAIDEN NAME PC MAIS S	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
OF MOTHER Sport Early	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE to 1 -0 h	OR RECENT RESIDENTS) At place In the
OF MOTHER (State or country) Cusfull	of death yrs mos ds. State yrs mos ds
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Van Curty	Former or usual residence
(Address) Ceurful My	19 STACE OF BURIAL OF REMOVAL DATE OF BURIAL
15 () () () ()	- Ouslella Cemetary 1/27, 1913
19N-1 19N-1 19 House	20 UNDERTANEA ABORES MICH
REGISTRAR	IV. Jawson & sar Ofer ma

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. Y.



[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. fication as Day laborer, Farm laborer, Laborer-Coal cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaevalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcasics (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head of (secondary or intercurrent) State cause for



V. S. No. 1.

NS to

Villa	ge or City Marion, Jud. (No.	
	2 FULL NAME 1 Dertie Mane to	lma
	PERSONAL AND STATISTICAL PARTICULARS	16 OATE
FIL.	male Negro Gride the word	17
6 DA	TE OF BIRTH 19 ,1907	that I I
7 AG	(Mighth) (Day) (Year) If LESS than 1 day, hrs. Vrs. // mas. // Ods. ORmin.?	and the
	yrsyrsus.	
o pa	ccupation 1) Trade, profession, or Achael girl ricular kind of work	A
(a pai	ccupation) Trade, profession, or Achsol girl) General nature of Industry siness, or establishment in hich employed (or employer)	Con
(a pai	CCUPATION 1) Trade, profession, or ricular kind of work 1) General nature of industry siness, or establishment in hich employed (or employer)	Con Seed
y pal (a) pal (b) pur wh	CCUPATION 1) Trade, profession, or occupant cyirf 1) General nature of Industry siness, or establishment in hich employed (or employer) 11 RTHPLACE (State or country) 10 NAME OF FATHER Wavid Follower 11 BIRTHPLACE (State or country) Accountage Var' (State or country) Accountage Var'	(Signed)
a Bi	10 NAME OF FATHER Country Account To Deman 11 BIRTHPLACE OF FATHER CState or country Accountry Value of Mother Country Accountry Value of Mother Charles Cate of Mother Charles Cate of Mother Charles Whathurfor	CAUS SUICE 18 LENG
PARENTS who be	CCUPATION 1) Trade, profession, or ricular kind of work 1) General nature of industry siness, or establishment in hich employed (or employer) IRTHPLACE (State or country) 10 NAME OF FATHER Wavid Fi Derman 11 BIRTHPLACE OF FATHER: (State or country) 12 MAIDEN NAME OF A	(Signed) CAUS SUICE

19766

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2

...Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

MEDICAL CERTIFICATE OF DEATH
16 OATE OF OEATH Nov. 29, 1915 (Month) (Day) (Year)
12 I HEREBY CERTIFY, That I attended deceased from 191, 1915, to 2, 1915,
that I last saw he alive on how 2, 1913,
and that death occurred on the date stated above, a 3:20 m.
The CAUSE OF DEATH * was as follows:
Dearlet fluer :
(Ouration) yrs. mos. 10. ds.
Contributory Lobar Pullmoner Secondary Charles 3
(Signed) W. Darfield, M. O.
nov-29 (1915 (Address) 30 Tuy. md. aver.
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
OR RECENT RESIDENTS) All place In the
of death yrs. mos. ds. State, yrs. mos. ds. Where was disease contracted, If not at place of death?
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Librario 11-30, 10165
20 UNDERTAKER ADORESS.
S. W. Safetons St. Balto. Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Realth Association.]

business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more write None wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. But in many cases, mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever The material worked on may form part Locomotive engineer, Civil If retired from (b) Anto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

mus, on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning, state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "Publiperal septicharmia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Māras-mus," "Old Age," "Shoek," "Uraumia," "Weakses," genital," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. The contributory (secondary or intercurcough: Chronic vulvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping by railway train-accident; Revolver "Senile," etc.), "Dropsy," State cause for which Never report merc (Recommendations "Exhaustion," wound of



V. S. No. 1.

1	NOMBINA .
County Somuseh 19767	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Moning (No.	Registration Dist. No. 2— 4 /
2 FULL NAME alverta &	a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jensele 4 COLOR OR RACE 5 SINGLE, MARRIED, Morne, Widowed OR DIVORCED OR DIVORCED (Write the word)	(Month) (Day) (Year)
DATE OF BIRTH Struck Know	17 I HEREBY CERTIFY, That I attended deceased from , 191 , to, 191
(Month) (Day) (Ye	that I last saw h alive on, 191
about 1 day	and that beath occurred on the date stated above, at
30 yrs. mos. ds. OR min	
. S OCCUPATION	- Swanders of Longo
X (a) Trade, profession, or Arrace particular kind of work	
(b) General nature of Industry business, or establishment in which employed (or employer)	No Drin allementation mos. de
9 BIRTHPLACE (State or country) Snd	Secondary (Burallen) ws. mos. do
10 NAME OF Ef Whittington	(Signed) J- J- Cellans , M.
U BIRTYPLACE OF FATHER (Sould or country)	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accinental,
OF MOTHER	Suicinal of Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease coetracted, tt not at place of death?
(Informant) David Whillington	Fermer or usual residence
(Address) Monory	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 10 - 2 - 191 V
Filed // 22, 1914 - F J adams	20 UNDERTAKER ADDRESS.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook. taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mill; (a) Salusman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Colton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question business, that fact may be indicated thus: Farmer (retired mobile factory. -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part Never return "Laborer," If retired from

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... surgical operation was undertaken. For violent deaths symptoms or terminal conditions, such as "Asthenia," ehopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of and consequences (e. g., scpsis, telanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Anaemia" (increly symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Example: Measles (disease causing death), 29 ds.; Bronon Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations head-homicide; Poisoned by Struck by railway train-accident; Revolver wound of "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as cause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Maras-The nature of the injury, as fracture of skull, The contributory (secondary or intercur-"Puerperal septichaemia," "Dropsy," "Exhaustion," carbolic acid-Never report mere -probably



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[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-"Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autowrite Nonc. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers of the second statement. mobile factory. The material worked on may form part is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. business or industry, and therefore an additional line For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Women at home, who are engaged in Never return "Laborer," If retired from

fever (the only definite synonym is "Epidemic ccrebro-Lobur merumonia, Bronchopherendosis of lungs, menin- A D. V.S. spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); 18 1916 term for the same disease. Examples: CAUSING DEATH (the primary affection with respect to time and causation), using always the same_accepted Statement of Cause of Death-Name, first, the DISEASE using always the same accepted Cerebrospinal

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on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: on Nomenclature of the American Medical Association.) state means or injury and qualify as accidental, surgical operation was undertaken. For violent deatus "PUERPERAL peritonitis," etc. birth or miscarriage as "PUERPERAL septichaemia," ete., when a definite disease can be ascertained as the mus," "Old Age," "Sboek," "Uraemia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Maraegenital," "Anacmia" (mcrely symptomatic), "Atrophy,
"Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valuular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of cause. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile," etc.), The contributory (secondary or intercur-"Dropsy," State cause for which "Exhaustion,

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all ques-

supplied. AGE should be stated EXACTLY. PHYSICIANS should state may be properly classified. Exact statement of OCCUPATION is very WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD carefully supplied. Every Item of information should be carefully sup CAUSE OF DEATH in plain terms, so that it ma Important. See instructions on back of certificate.

V. S. No. 1.

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19769 1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 26

St.;----Ward)

[if death occurred la a hospital or institution, give its NAME Instead of street and number.]

TOLL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, WIDOWED, OR DIVORCED (Write the word) 6 DATE OF BIRTH 1873.	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I steended deceased from (DC) 7 1915 1915 1915
(Month) (Day (Year) 7 AGE if LESS than 1 day,hrs. ORmin.?	snd that death occurred on the date stated above, at 9 P. m. The CAUSE OF DEATH* was as follows: Pulmon any Juleiculosis
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER W.W. WORSEL	Contributory Secondary (Ouration) yrs 8 mos ds. (Signed) 9 W Gall , M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the
OF MOTHER (State or eountry) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address)	of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Consus and American Public Health Association.]

cated thus: should be taken to report specifically the occupations who receive a definite salary), may be entered as who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., childbirth or miscarriage as "Puerperal septichaethenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for etc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Convalvular heart disease; Chronic interstitial nephritis, by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report. affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 det; "Seuile," etc.), (Recommendations on statement of "Dropsy," "Exhaustiou,"



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	m.	Registration D	ist. No. 26/
Villa	ge or City Name (No	St;Ward)	[If death occurred a hospital or institution give its NAME instea of street and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SE	x 4 COLOR OR RACE 5 SINGLE, MARRIEO, MONNES WIOWED OR OIVORGEO (Write the word)	16 OATE OF OEATH // - (Month)	(Day) (Year
6 OA	TE OF BIRTH	17 HEREBY CERTIFY, That I at	ttended deceased fro
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900	Yrs. H mos. 2 ds. OR mb.?	The CAUSE OF DEATH * was as followed by	Estert
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(b bus wh	Trade, profession, or clicular kind of work General nature of lodustry siness, or establishment in ich employed (or employer) RTHPLACE (State or country)	Contributor Mulral requirements of the contributor	grahun of
(bush bush bush bush bush bush bush bush) General nature of lodustry siness, or establishment in ich emplayed (or employer)	(Signed) (Signed) (Address) Mar	To Mos Mos M
bus wh	10 NAME OF FATHER Sacral Corellorary 11 BIRTHPLACE	Scoondary (Signed) (Signed) State the DISEASE CAUSINO DEATH, OF CAUSES, state (1) Mans of Injurt; and SUICINAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR MOSPITALE, OF RECENT RESIDENTS) At place In the	INSTITUTIONS, TRANSIEN
DAR BI	10 NAME OF FATHER COUNTRY) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIOEN NAME OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER MA	Scoondary (Signed) (Signed) State the DISEASE CAUSINO DEATH, OF CAUSES, state (1) Mans of Injurt; and SUICINAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR MOSPITALE, OF RECENT RESIDENTS) At place In the	INSTITUTIONS, TRANSIEN
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[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Form laborer, Laborer of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Crocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons "Foreman," "Manager," "Dealer," etc., without more is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the -Cool mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, very important, so that the relative healthful-For persons who have no occupation whatever, Women at home, who are engaged in But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Pronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, perilonaeum, etc., Carcinoma, Sarcomo, etc., of..... on statement of cause of death approved by Committee under the head of "Contributory." and consequences (c. g., sepsis, telanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, birth or miscarriage as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, "Anaemia" (merely symptomatic), "Atrophy," "Conlapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valvulor heort discuse; Chronie interstitiol "Tumor" for malignant neoplasms); Measles; Whooping on Nomenclature of the American Medical Association.) head-homicide; Poisoned by surgical operation was undertaken. For violent deaths cause. Always qualify all diseases resulting from child-"Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important (name origin; "Cancer" is less definite; avoid use of by railwoy train-accident; Revolver The nature of the injury, as fracture of skull, The contributory (secondary or intercur-"Dropsy," "Exhaustion, carbolic acid-probably Never report mere (Recommendations wound of



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RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	EXACTLY. ct statement
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C	PLACE OF DEATH ounty Somerset 19771	*	STATE OF M CERTIFICATE	
V	illage or City Dames Quarter (No	-9	Registration St;W	It death occurred
	PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE	OF DEATH
3 s i	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED SING (Write the word)	glə	(Month	, , , , , , , , , , , , , , , , , , , ,
6 D	Oct. 21	,1883	0 a t 1 1	at I attended deceased fro V. 26 1915
7 AGE (Month) (Day) (Year) 7 AGE If LESS than 1 day,hrs. ORmin.?			and that death occurred on the date starthe CAUSE OF DEATH* was as follows Typhoid Fever & Pulm	ted above, a 9 . 30 . 2 , n
(b) bus whi	Trade, profession, or oysterman General nature of industry, Iness, or establishment in Ich employed (or employer) IRTHPLACE tate or country) Naryland		Contributory Enaciation (Secondary)	yrs. mos. d & exhaustion
S	10 NAME OF GEORGE W. Jones		(Signed) S. P. Sizzifi Nov 26, 191 5 (Address) Cha	т. і
ARENTS	OF FATHER (State or country)		*State the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY: TAL, SUICIDAL, OF HOMICIDAL.	
P/	OF MOTHER Mary J, Curtiss 13 BIRTHPLACE OF MOTHER (State or country) Md.	,	18 LENGTH OF RESIDENCE (FOR HOSPITA OR RECENT RESIDENTS) At place in the of death yrs,	
	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDG (Informant) GOORGO W, JONOS	E	Where was disease contracted, if not at place ot death? Former or usual residence	1,2
16	ed Nav 29, 1915 AV & Kelly		Dames Quarter	Nov. 28 ,195
FII		STRAR	Fred. T. Webster	Doals Island

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1



[Approved by L. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indicausing death, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekecpers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples (a) Spinner, (b) Cotton mill; (a) Salesman, (b) the nature of the business or Industry, and therefore an cases, especially in Industrial employments, it is necness of various pursults can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has galnfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first ilne will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, Irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In always affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinological control c

cause of death approved by Committee on Nomencla childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasampie: Measics (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis ture of the American Medicai Association.) "Contributory." Injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acctsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallg which surgical operation was undertaken. oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can Examples: For VIO-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

carefully supplied.

Item of information should be

N. B.-Every

ACE should be stated EXACTLY. PHYSICIANS should state

RECORD

No. 1. 02

	County Lonerset 19772	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 260
	Village or City Eden (No. No. No. No. No. No. No. No. No. No.	St.; Ward) [If death occurred is a hospital or institution, give its NAME instead of street and number.]
N	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male 2 hite Single, Married, Widower, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
	8 DATE OF BIRTH Figh 18 , 1882 (Month) (Day (Year)	that I last saw have allye on Now 12 1915
	7 AGE 1 If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 1.30 Pmm, The CAUSE OF DEATH* was as follows:
100	(a) Trade, profession, or foremon (b) General nature of industry,	Gulmanary Juber Culous
certificate.	business, or establishment in Paulroad which employed (or employar) BIRTHPLACE (State or country) Marylan	Contributory Secondary
0	10 NAME OF Hillian T. Jones 11 BIRTHPLACE	(Signed) Jos. L. Me Laughlin, M. D.
s on back	OF FATHER (State or country) Maryland 12 Maiden Name OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
See Instructions	13 BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mes ds. State yrs, mes ds
- 11	(Informant) William I. Jones,	Where was disease contracted, If not at place of death? Former or Usual residence
Important	(Address)	Aruitland, Md. DATE OF BURIAL 20 UNDERTÄKER ADDRESS ADDRESS

If hore blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nection is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. eated thus: been changed or given up on account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. As examples: Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, But in many "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (diever report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcis of lungs, meninges, peritonaeum, etc., Carcin-

sucb, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Semile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "As affection need not be stated unless important. Exetc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Caneause of death approved by Committee on Nomenclascpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Always qualify all diseases resulting from Mcasics (disease eausing death), 29 ds.; (Recommendations on statement of may be stated under the head "PUERPERAL septichae-



S. No. 1. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.			state
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1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 264

St.; Ward)

[If death occurred io a hospital or institution, give its NAME instead

FULL NAME Sarah Joy	ot street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Hemale Black Single, Widow or Office of Divorced	16 DATE OF DEATH //OV /2 , 1915 (Month) (Day) (Year)
(Write the word) B DATE OF BIRTH (Month) (Day) (Year)	that I last saw here allve on Nov 9th 1915
7 AGE 11 LESS than 1 day,	and that death occurred on the date stated above, at 2 m, The CAUSE OF DEATH * was as follows:
Particular kind of work	bronchilia
(b) General nature of Industry, business, or establishment in	Contributory Serule Debility mos os.
State or country) mary land	(Secondary) (Duration) yrs mos ds.
10 NAME OF FATHER Joshua Horsey 11 BIRTHPLACE 7	(Signed) J. O. Nekinson, M. D. Nov 13, 1915 (Address) Myler frair mount;
of Father (State or country) Mary Land 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL,
of MOTHER Sarah Horsey	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) Maryland	At place In the of death yrs mos ds. State yrs, mos ds Where was disease contracted,
(Informant), seeph Jornes	If not at place of death? Former or usual residence
(Address) Manolin Ma	Lasnestours Thurch Gard Nov 14, 1915
Filed NOV 13 1915 G. C. Drokinson	20 UNDERTAKER ADDRESS. ALS. Wilson Wife Fransond
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborerstatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as material worked on may form part of the second Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative meaithful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, If the occupation has

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla "Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrement scottchae etc., when a definite disease can be ascertained as the mus," "Old Age," "Sbock," 'Traemia," "Weakness," genitai," thenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "Asample: Mcastes (disease causing death), 29 ds.: valvular heart disease; Chronic interstitial nephritis nant neoplacins); Measles; Whooping cough; Chronic ture of the American Medical Association.) dent; Revolver wound of head-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. eer" is iess definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head (name origin; "Can Examples:



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V. S. No. 1.

N. B.—Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified, Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

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	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. [If death eccurred lia hospital or institution give its NAME instead of street and number.]
² FULL NAME	nh for 8
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Color or RACE Single, MARRIED, WIDOWED, ORDIVORCED (Wild Write the word)	(Month) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from
S DATE OF BIRTH Sout Analy, 1839 (Month) (Day), (Year)	that I last saw h 2 alive on 2007 2 ,1915
7 AGE 1 LESS than 1 day,hrs. 0R min. ?	and that death occurred on the date stated above, atm The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Contributory relercopeulor Fracture (Secondary)
10 NAME OF FATHER Aron C. Longford 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Signed) (Signed) (Signed) (Address) (Address) (Signed) (M. D. CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In tha of death yrs mos ds Where was disease contracted,
(Informant)	It not at place of death? Former or Busual residence
(Address) 15 Filed // - ,191 J - J - Calleurs REGISTRAR If more banks are needed, address State Registra	19 PLACE OF BURIAL OR REMOVAL ADDRESS 20 UNDERTAKER ADDRESS Conspice of Surial Construction Appress Appress Conspice of Surial Construction Construc



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). additional line is provided for the latter statement who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, As examples: For persons The (%)

Statement of cause of death—Name, first, the disease causino death—Name, first, the disease causino death —Name, first, the disease causino death respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonaeum, etc.. Carcinological control death of the carcinological control death of the carcinological control death of the carcinological carcinologi

childbirth or miscarriage, as "Puerperal septichaecause of death approved by Committee on Nomencla-Accidental drowning; Struck by railway train-acetsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 de.; valvular heart disease; Ohronio interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligsepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma. Sarcoma. etc., of ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., Bronehopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-State cause for Never report Examples: For VIO-



N. B. Every ligan of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

PLAC County	ce of DEATH mersel 19774	STATE OF MAR' CERTIFICATE OF Registration Dist.	DEATH
Village or City	LL NAME Fellan Jen	St; Ward)	[If death occurred in a hospital or institution, give lis NAME instead of street and number.]
PERSO	ONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3 SEX	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ODIVORCED (Write the word)	16 DATE OF DEATH MONTH) (Month)	(Day , 191.2)
6 DATE OF BIRT		that I last saw her alive on 2000	attended deceased from 2/, 1915
POCCUPATION (a) Trade, profession particular kind of w	If LESS than t day,hrs. OR min.?	and that death occurred on the date stated a The CAUSE OF DEATH* was as follows:	bove, at 730 Pm
(b) General nature business, or estab which employed (or 9 BIRTHPLACE (State or cou	of Industry, plishment in employer)	Contributory Secondary	yrs
10 NAME OF FATHER	Mugate V. Lewis	(Signed) (Doration) (Signed) (Address) (Address)	yrs mos d
OF FATE (State of	NAME 1	*State the Disease Causing Death, or Causes, state (1) Means of Injury; and Tal, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, In	n deaths from VIOLEN (2) whether Acciden
	HER (pr country) Maryland	At place In the of death yrs	
(Informant)	STRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?	
(Address)	191 MH Collegue	Ousfield Demelay	ADORESS CALO
1.6.1		strar, 6 E. Franklin St., Balto., Requesting V. S.	No. 1.

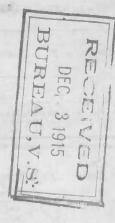


[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarrlage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Colianse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping eough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or lntercurrent) "Dropsy," "Exhaustion," State cause for



with the op-

Coun	ge or City Venton Mol	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. LCG [if death occurred in a hospital or institution, give its NAME instead of street and number.]
	² FULL NAME / Lary Vew	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Leu	x 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED OWNIE the word)	(Month) (Day) (Year)
6 DA	TE OF BIRTH (Year) (Month) (Day) (Year) (Year) (E) If LESS !han 1 day, hrs. OR min.?	that I last saw her alive on the date stated above, at the CAUSE OF DEATH * was as follows:
pa (b	CCUPATION 1) Trade, profession, or Ticutar kind of work 2) General nature of industry siness, or establishment in	Defficult Labor
wh	IRTHPLACE (State or country) Veutou mul,	Contributory Heart Facture Secondary
RENTS	10 NAME OF Jaliu W. Gardurl 11 BIRTHPLACE OF FATHER Starty, 12 MAIDEN NAME 2. 12 MA	(Signed) (State the Dispase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental,
PA	OF MOTHER Martha W. Bloodway 13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Let P Lewis	B LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS) At place In this of death yrs. mos. ds. Stats, yrs. mos. ds. Where was disease contracted, if not at place of dsath?
15 Fil	(Address) Menton AND led NollS, 191 D' What Bozman	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MON 13, 10165. 20 UNDERTAKER ADDRESS COUNTY COMPANY ADDRESS
	If nore blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoknow (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever various pursuits can be known. The question The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, Struck by railway train-accident; Revolver wound of surgical operation was undertaken. For violent deaths "PUENPERAL peritonitis," etc. State cause for which birth or miscarriage as "Puerperal septichumia," etc., when a definite disease can be accertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmin," "Weakness," cause. genital," "Senile," etc.), chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronlapse," "Coma," "Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Caneer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... Always qualify all diseases resulting from child-The contributory (secondary or intercur-"Convulsions," "Debility" ("Con-"Dropsy," Never report mere "Atrophy," "Col-"Exhaustion,



V. S. No. 1.

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County Samual Registration Dist. No. LG Regi		PLACE OF DEATH	STATE OF MARYLAND
Village or City Personal and Statistical Particulars Medical Certificate of Death Port 2 1915 (Month) (Day) (Very) To Hereby Certify, That I attended deceased from (Month) (Day) (Very) To Hereby Certify, That I attended deceased from (Month) (Day) (Very) To Hereby Certify, That I attended deceased from (Month) (Day) (Very) To Hereby Certify, That I attended deceased from (Month) (Day) (Very) To Hereby Certify, That I attended deceased from (Month) (Day) (Very) To Hereby Certify, That I attended deceased from (Month) (Day) (Very) To Hereby Certify, That I attended deceased from (Month) (Day) (Very) To Hereby Certification of the date stated above, at 1.2, m. (Month) (Day) (Very) Billy Hereby Certification (Month) (Day) (Very) Billy Hereby Certification (Month) (Day) (Very) To Cause of Death was as follows: Contributory Caucas (Governor) Particular field of work Of Month (Day) (Very) To Hereby Certification (Month) (Day) (Very) To Cause of Death was as follows: Contributory Caucas (Governor) To Name of Governor) On Recent Report (Month) (Day) (Very) To Name of Governor) To Name of	Count	Somerset	CERTIFICATE OF DEATH
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If LESS than 1 day, hers.		Sept- Deul Thew 1887.	7/
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15 (Address) Onol Ms Mod 9, 1912		V Vas P	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 10 M O Role 20 UNDERTAKER / ADDRESS A D	_	(Address)	
Filed Mov 1915 (1) Mary Mary	15	and a Marken	(1)000
REGISTRAR Demie Whom Stone	File		Leme Wester realizations
Argistrar 16 W. Saratoga St., Balto, Requesting V. S. Ng. 1.			16 W Saratoga St. Ralto. Requesting V. S. Ng. 1.

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[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers taken to report specifically the occupations of persons employed, as At school or At home. Care should be precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used cian, Compositor, Architect, Locamoline engineer, Civil engineer, Stationary fireman, etc. But in many cases, know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever The material worked on may form part If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by corbolic Struck by railway train-accident; Revolver wound of SUICIDAL, OF HOMICIDAL, OF As probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths cause. lapse," "Coma." "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure." "Hemorrhage," "Inanition," "Weakness," mus." "Old Age," "Shock." "Unomia," "Weakness," "PUERPERAL perilonilis," etc. State cause for which birth or miscarriage as ete., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Brouchopneumonia (secondary), 10 ds. Never report mere "Anaemia" rent) affection need not be stated unless important. nephritis, etc. cough; Chronic rulrular heart disease; Chronic interstitual ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from childoma," "Convulsions," "Atrophy," "Col-The contributory (secondary or intercur-"PTERPERAL septichaemia," acid-probably



V. S. No. 1.

IS A PERMANENI	GE should be stated	may be properly class	OCCUPATION is very important. See instructions on back of certificate.
INK-THIS	upplied. A	, so that it	ions on ba
UNFADING	carefully s	plain terms	See Instruct
WITH	hould be	ATH IN	rtant.
TE PLAINLY,	formation s	USEOFDE	is very impo
WRI	very item of in	hould state CA	CCUPATION
	Ш	19	0
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT N. B.—Every item of information should be carefully supplied. AGE should be stated	WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT - Every Item of information should be carefully supplied. AGE should be stated should state CAUSE OF DEATH in plain terms, so that it may be properly class.

Coun	ty Samuel 19777	STATE OF MAR CERTIFICATE OI Registration Dist	F DEATH
Villag	2 FULL NAME Jelius V. Tayri	St; Ward)	[if death eccurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	FDEATH
3 SE:	WIDOWED OR DIVORCED	16 DATE OF DEATH (Month)	30°., 1915 (Day) (Year)
6 DA	TE OF BIRTH (Modelly Day), 1857	that I last saw h alive on	
7 AG		and that death occurred on the date sta The CAUSE OF DEATH * was as follow	
par (b) bus whi	OUPATION) Trade, profession, or ficular kind of work) General nature of lodustry liness, or establishment in ich employed (or employer)	Sudden Callafue (Duration)	yrs
ARENTS	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) State the DISEASE CAUSING DEATH, or, is CAUSER, state (1) MEANS OF INJURY; and (2) SUICIDAL OF HOMICIDAL.	yrs. de. M. 0.
a	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, II OR RECENT RESIDENTS) At piece In the of death	NSTITUTIONS, TRANSIENTS,
	(Informant) Business & James Market M	If not st place of death?	DATE OF BURIAL
15 FRe	(Address) Address Addr	Rehofoth Prest Com 20 UNDERTAKER Sevenson Boos.	ADDRESS Pocomohe
	It more blanks are needed, address State Registrar, I	6 W. Saratoga St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers only when needed. As examples: (a) Spinner, (b) Cotton write None. precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., mobile factory. mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary freman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," Compositor, Architect, Locomotive engineer, For persons who have no occupation whatever The material worked on may form part If retired from without more

CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important cough; Chronic valvular heart disease; Chronic interstitiql "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) Struck by railway train—accident; Revolver wound of to determine definitely. Examples: Accidental drowning; "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. or miscarriage as "Puerperal septicharmia," The contributory (secondary or intercur-State cause for which Never report mere



S. No. 1.

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VIIIA	2 FULL NAME TO LAND	Oke .	
PERSONAL AND STATISTICAL PARTICULARS			
3 SE	Mare Blus (Write the	D,	Pungl
6 DA	ATE OF BIRTH		= 1 =
7 AG	(Month)	(Day)	If LESS
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PARENTS who was a base of the	CCUPATION a) Trade, profession, or irticular kind of work b) General nature of lodustry siness, or establishment in hich employed (or employer) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY K	eu Tie	hu

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

[If death occurred in a hospital er institution, give Its NAME Instead of street and number.]

IND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
OR ON RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED ONLY & (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
(Write the word)	17 I HEREBY CERTIFY, That I attended deceased from , 191 , 19
(Month) (Day) (Year)	that I last saw h alive on ,191 ,
If LESS than 1 day, hrs.	and that death occurred on the date stated above, atm.
yrs, ds, or min.?	The CAUSE OF DEATH * was as follows:
	Clarke Mohnelis
stry t In er)	(Duration) yrs. / mos. ds.
mg.	Contributory Secondary (Buration) yrs. mos ds.
Saml Parente	(Signed) / Signed (Mothine allen Jones) , M. a.
my mg.	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
Hurrieta Telyhuran	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
TO THE BEST OF MY KNOWLEDGE	At place In the ef death
uf Carrian	If not at place of death? Former or usual residence
Emiss aym on	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
1915 - 9 Suich REGISTRAR	To J. Winnis Pour
If ni re blanks are needed, address State Registrar,	16 W Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Former (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the disease causing death, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook "Foreman," "Manager," "Dealer," etc., without more of the second statement. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoespecially in industrial cmployments, it is necessary to know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planler, Physiness of various pursuits can be known. The question business or industry, and therefore an additional line engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many cases, Never return If retired from "Laborer,"

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uracmia," "Weakness," cough; Chronic valvular heart disease; Chronic interstitial on Nomenclature of the American Medical Association.) to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible "Puerperal peritonitis," etc. birth or miscarriage cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (seeondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercur-"Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Heart failure," "Haemorrhage," "Inanition," "Marasby railway train-accident; Revolver "Senile," etc.), "Dropsy," as "Puerperal septichaemia, State cause for which Never (Recommendations "Exhaustion, report mere wound of



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PHYSICIANS should state of OCCUPATION IS THE RECORD Exact statement PERMANENT stated EXACTLY. se carefully supplied. AGE should be si UNFADING INK-THIS Every item of information should be carefully sur CAUSE OF DEATH in plain terms, so that it ma important. See instructions on back of certificate. WITH PLAINLY, WRITE Important. 1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 267

٧	FULL NAME Anna May F	St; Ward) [It death occurred in a hospital or Institution, give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	4 COLOR OR RACE SINGLE, MARRIEO, WIDDWED, ORDIVERCED (Write the word)	18 DATE OF DEATH (Mooth) (Day) (Year)
6 D	ATE OF BIRTH Soft 20, 1913 (Wooth) (Day) (Year)	17 HEREBY CERTIFY, That I attended deceased from Nov. 2, 1915, to Nov. 5, 1915, that I last saw have allow on Nov. 5, 1916.
(a		and that death occurred on the date stated above, at 9 A m. The GAUSE OF DEATH* was as follows: Suture - le villo
(b) bus wh	General nature of industry, iness, or establishment in ich employed (or employer) IRTHPLACE tate or country)	(Buration) yrs. mos 3 ds. Contributory andwels pld witality (Secondary)
ENTS	10 NAME OF FATHER GALLY Powell 11 BIRTHPLACE OF FATHER (State or country) Whio	(Signed) (Ouration) yrs. mos. ds. (Signed) (Not a second
PAR	13 BIRTHPLACE OF MOTHER (State or country) 13 MAIDEN NAME OF MOTHER (State or country)	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
	(Informant) Lay Powell	Where was disease contracted, It not at place of death? Former or usual residence.
15 Fil	Address) Lane Lucit Med May G., 1912 Of Los Melly Registran If more hads re needed, address State Registran, 6 E	19 PLACE OF BURIAL OR REMOVAL Date of BURIAL Nov. 9, 1915 20 UNDERTAKER ADORESS Find. T. Webster Weals Island
	The state of the s	z. riadanu di., dalto., Requesting V. S. No. 1



[Approved by L. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative heaithfuiwho have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscients

mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallg oma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accimere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-State cause for Examples:



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. Ilf death occurred in St.;....Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Year) ORDIVORCED (Day DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH * was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of Industry. business, or establishment in which employed (or employer) ... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER DEATH in plain terms, See instructions on back PARENTS 11 BIRTHPLACE OFFATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE

of death yrs mos ds.	In the State	yrs	mne
Where was disease contracted, If not at place of death?		, , , , , , , , , , , , , , , , , , , ,	111000 ,00000000
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Af more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborerstatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, I'or many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the nisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pueumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertakeu. For viochildbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report Ex-



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STATE OF MARYLAND state Very CERTIFICATE OF DEATH pinous CCUPATION IS Registration Dist. No Ilt death occurred in PHYSICIANSWard) a hospital or institution. give Its NAME Instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS CERTIFICATE OF DEATH statemen 3 SEX S SINGLE. MARRIED. WIDOWED. (Dav ORDIVORCED (Write the word) classified. (Month) (Day TAGE It LESS than pinous 1 day 6 hrs. OR min. ?mos...... properly M BOCCUPATION (a) Trade, protession, or particular kind of work supplied. pe (b) General nature of industry. business, or establishmeni in (Duration) may which ampioyed (or employer) -----9 BIRTHPLACE (State or country) Contributory Secondary that 10 NAME OF FATHER 9 0 back PARENTS 11 BIRTHFLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME plain Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 2 13 BIRTHPLACE Ai place In the OF MOTHER DEATH (State or country of death ____ yrs. ___ ds. State yrs, ____ mos. Where was disease contracted. See It not at place of death? Former or Every Item CAUSE OF Important, usuai residence. DATE OF BURIAL 15 26 UNDERTAKER ADDRESS blanks are needed, address State Registrar, 6 E. Franklin St., Ballo., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: ness. If retired from business, that fact may be indl-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm taborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) applies to each and every persou, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Ptanter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

aant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State childbirth or misearriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgleal operation was undertaken. For vioctc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) is less defiuite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," Never report cause for



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STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No Iff death occurred in a hospital or institution. give its NAME Instead of street and number.] 2FULL NAME..... PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, 16 DATE OF DEATH MARRIED, WIDOWED. (Month) (Day (Year) OR DIVDRCED Write the word) I HEREBY CERTIFY. That I attended deceased from (Month (Day 7 AGE If LESS than and that death occurred on the date stated above, at // 1 day hrs. OR min. ? 8 OCCUPATION (a) Trada, profession, or Particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) -----BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER S 11 BIRTHPLACE ARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, it deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place In the OF MOTHER (State or count yrs. mos. . State _ ds. Where was disease contracted. If not at place of death? Former or usual residence BURIAL OR REMOVAL DATE OF BURIAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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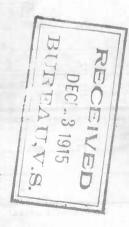


[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative healthfulof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But iu many first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: CAUSING NEATH, state occupation at beginning of illthen changed or given up on account of the disease Kervant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons The

Statement of cause of death—Name, first, the misease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meniugitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debillty" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," nuere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocause of death approved by Committee on Nomenclature of the American Medical Association.) "Contributor (Recommendations on statement of sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acciby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) "Senile," etc.), (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report



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T 4	Villag	ge or City (No.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead
Exa	2	2 FULL NAME May arex 6	deline servers of street and number.]
be stated EXAC perly classified, cate.	-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
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	7.AG	(Mont) (Day) (Year)	and that death occurred on the date stated above, and m.
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-0 E		FATHER ? (Cal Sources	(Signed) M. D.
ion should F DEATH i	ST	11 BIRTHPLACE OF FATHER. (State or country)	State the DISPASE CAUSING DEATH, or in deaths from VIOLENT
DE/	PARENT	12 MAIDEN NAMES	*State the Disease Causing Death, of in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of D	P A	OF MOTHER 1 year	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
Orm ISE		13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs. mos. ds. State, yrs. mos. ds.
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ate TIO		(informant M + 6 oulboury	Formsr of usual residence
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H TO	15	1911-1974 Couldony	20 UNDERTAKER ADDRESS ON
B	-	REGISTRAR	16 W Saratoga St., Balto, Requesting V. S. No. 1.
_	11	I If more blanks are needed address State Registrar.	in w. daratoga di., Daito., Requesting t. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

engaged in domestic service for wages, as Servont, Cook, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton write None. 6 yrs.). business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the disease causing death, Hausemaid, etc. If the occupation has been changed employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery: (a) Foreman, (b) Autocian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age taken to report specifically the occupations of persons mobile factory. business or industry, and therefore an additional line especially in industrial employments, it is necessary to first line will be sufficient, c. g., Former or Planter, Physiness of various pursuits can be known. The question know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever, The material worked on may form part Never return "Laborer,"

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease causing death and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible birth or miscarriage as "PUERPERAL seplichaemio," mus," "Old Age," "Shock," "Uraemia," "Weakness, chopneumonia (secondary), 10 ds. Never report mere cough; Chronic vulvular heart disease; Chronic interstitial on Nomenclature of the American Medical Association.) head-homicide; Poisoned by carbolic acid-Struck by railwoy train-occident; Revolver wound of to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puerpenal perilonitis," etc. State cause for which etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. "Tumor" for mulignant neoplasms); Measles, Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Always qualify all diseases resulting from child-"Coma," "Convulsions," The contributory (secondary or intercur-"Dropsy," "Debility" "Atrophy," "Exhaustion," -probably



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6 DATE OF BIRTH June 12 1879	that I last saw har alive on hor // 1910
7 AGE (Month) (Day) (Year)	and that death occurred on the date stated above, a 9 m.
454 yrs 29 mos. 6 ds. 1 day, hrs. OR min.?	THE PRUSE OF DEATH & Way as follows:
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(b) General nature of industry business, or establishment in which amployed (or employer)	(Buration) yre. moe. ds.
Shippinger The - Mid	contributory software the
10 NAME O Ohu a, Parker	(Signed) Property Mos. (Signed) M. O.
Still or complete Cornock V	*State the DISEASE CAUSING DEATH, OF An deaths from VIOLENT
WHEN NAME STORY	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
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14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of deeth?
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(Address aus on 3	15 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 hands 1 - Po & Vogo 0:	20 UNDERTAKER, ADDRESS
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f more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the disease causing death, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Form laborer, Laborer Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever, The material worked on may form part Never return "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); I.obar pneumonia, Bronchopmeumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uracuia," "Weakness," on Nomenelature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by earbolic acid-probably Struck by railway train-accident; Revolver wound SUICIDAL, OF HOMICIDAL, OF As probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as birth or miscarriage as "l'UERPERAL septichaemia," "Anaemia" (inerely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. Never report mere surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless cough; Chronic valvular heart disease; Chronic interstitial Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping The nature of the injury, as fracture of skull, The contributory (secondary or intercur-ACCIDENTAL, important.



V. S. No. 1.

Count	Sommel 19785	STATE OF MARYI CERTIFICATE OF Rogistration Dist. N	DEATH
Villag	o br City Finess The (No.	St.; Ward)	[If death occurred in a hospital or institution give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	- MEDICAL CERTIFICATE OF D	EATH
3 SEX	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) 17 I HEREBY CERTIFY, That I attend	
7	Month) (Day) 19/5-	that I last saw h alive on	, 191
7 AGE	yrs 3 mos / 3 ds. OR min.?	and that death occurred on the date stated The CAUSE OF DEATH * was as follows:	above, at
(a) part (b) bush whice	CUPATION Trade, profession, or Ilcular kind of work General nature of lodustry Iness, or establishment in the employed (or employer)	Contributory Secondary	Cases of Cases of
SHUB	10 NAME OF FATHER Sibert Sluvenoon 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) (State the Disease Causino Drath, or, in de Causino Drath, or,	aufance / M
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write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planler, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part Locomotive engineer, But in many cases, If retired from Civil

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

state means of injury and qualify as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by curbolic ocid-probably surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "PUERPERAL septichaemia," cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uramia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," lapse," "Coma," "Convulsions," "Debility" ("Con-"Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstilial "Tumor" for malignant neoplasms); Measles; Whooping Example: Measles (disease causing death), 29 ds.; Bron-Always qualify all diseases resulting from childby railway The contributory (secondary or intereurtrain-accident; Revolver State cause for which Never report mere (Recommendations "Atrophy," mound



No. **7**2 WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

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-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is ver	
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1 PLACE OF DEATH Village or City Crusfield RND

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.St.;.....Ward)

a hospital or institution,

TAGE (Month) (Day (Year) (Month) (Day (Year) It LESS than 1 dayhrs. (So OR min.?) (A) Trade, profession, or particular kind of work. (b) Beneral nature of industry, business, or establishment in which employed (or employer) POFATHER SAME SAME SAME SAME SAME SAME SAME SECONDARY (State or country) MANY AUL (Signed) (Buration) (Duration) (2FULL NAME / Cessie Jane &	Ward of street and number.]
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TAGE II LESS than 1 day, frs. OR mos ds. OR min.? **GOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) **PERTHPLACE (State or country) **PATHER SUBJECTION OF MATHER SUBJECTION 11 BIRTHPLACE OFFATHER (State or country) **State or country) **State or country) **State or country) **State the Disease Causing Dearn, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident Causes, state (1) Means of Injury; and (2) whether Accident OR MOTHER (State or country) 14 THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE (Informant) **Indeed of the country of the Best of MY KNOWLEDGE (Indomest) (Address) **Indeed of the country of the Best of MY KNOWLEDGE (Indomest) **Indeed of the country of the Best of MY KNOWLEDGE (Indomest) **Indeed of the country of the Best of MY KNOWLEDGE (Indomest) **Indeed of the country of the Best of MY KNOWLEDGE (Indomest) **Indeed of the country of the Best of MY KNOWLEDGE (Indomest) **Indeed of the country of the Best of MY KNOWLEDGE (Indomest) **Indeed of the country of the Best of MY KNOWLEDGE (Indomest) **Indeed of the country of the Best of MY KNOWLEDGE (Indomest) **Indeed of the country of the Best of MY KNOWLEDGE (Indomest) **Indeed of the country of the Best of MY KNOWLEDGE (Indomest) **Indeed of the country of the Best of MY KNOWLEDGE (Indeed of the country) **Indeed of the country of the Best of MY KNOWLEDGE (Indeed of the country) **Indeed of the country of the Cause of the country of the cause of the country of the c	6 DATE OF BIRTH Unkenound	Oct 1 1 1915 to Nov 29 , 1915,
(b) General nature of Industry, business, or establishment in which employed (or employer) PBIRTHPLACE (State or country) IONAME OF FATHER SALAR SALORSON ISTATER SALOR SALORSON ISTATER SALOR SALORSON (Signed) IONAME OF FATHER SALOR SALORSON (Signed) IN IN INCLUDING OF HOSPITALS, INSTITUTIONS, TRANSIENTS OF MOTHER OTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OTHER OTHER OF MOTHER OTHER	TAGE If LESS than t day,	and that death occurred on the date stated above, at 2 0 m. The CAUSE OF DEATH* was as follows:
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13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) (Address) 15 Color Class (Address) 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENCE) In the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER APPRESS APPR	10 NAME OF ISUAL LAWSON	(Signed) A HALL M. D. M. D. M. D. W. Z. 9, 191 5 (Address) Constitution of the deaths from Michael Michael Constitution of the deaths from Michael Constitution of the death f
(Informant) (Informant) (Address) (Addres	13 BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds
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[Approved by U. S. Census and American Public Health Association.]

dutles of the household only (not pald Housekeepers cases, especially in industrial employments, it is necness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulbeen changed or given up on account of the disease material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," engineer,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify us which surgical operation was undertaken. For viochildbirth or mlscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Convulsions," "Debility" ("Con-State cause for Never report



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

stated EXACTLY. PHYSICIANS should state it. Exact statement of OCCUPATION Is very Every item of information should be carefully supplied, AGE should be si CAUSE OF DEATH in plain terms, so that it may be properly classified. Important. See instructions on back of certificate. -Every n Z

Village or City I lalo I showd.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 268 St.; Ward) [If death occurred is a hospital or institution, give ifs NAME lostead of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
G DATE OF BIRTH 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) 18.86	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended decessed from (1915), 1915, to 3 , 1915.
TAGE (Month) (Day (Year) If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at Pm, The CAUSE OF DEATH* was as follows:
(b) General nature of Industry, business, or establishment in which employed (or ampioyar) BIRTHPLACE (State or country)	Contributory Emaciation and
10 NAME OF FATHER Later Waters 11 BIRTHPLACE OF FATHER (State or country) Eals Island Hold 12 MAIDEN NAME OF MOTHER	(Signed) (Doration) (Doration) (Signed) (Signed) (No. 1912) (Address) (Document of the Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) EN Island UD	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENCE) At place of deathyrs,
(Informant) Namue Tarker (Informant) Lance Tarker (Address) Ell Scharler Filed North, 1915 Per Beginner	If not at place of death? Former or osual residence. 19 place of Burial or Removal Death Sland 20 undertaker Address

If more hlanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons ness. If retired from business, that fact may be indl-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specibeen changed or given up on account of the disease who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaethenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and quality as which surgical operation was undertaken. etc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Never report



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

RECORD

N. B.—Every Item CAUSE OF Important. S

9

PHYSICIANS should state of OCCUPATION is very	PLACE OF DEATH 19788. County Somewif Village or City Dames Light, PFULL NAME & Mesley &	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 4 St.; Ward) [if death occurred la a hospital or institution, give its HAME instead of street and nombar.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EXACTLY.	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, WITH the word)	16 DATE OF DEATH (Month) (Day (Year)
classified. Exac	TAGE Company Company	that I last saw h in allive on 1913. that I last saw h in allive on 1913. and that death occurred on the date stated above, at 1913. The GAUSE OF DEATH* was as follows:
may be properly	(a) Trada, profession, or particular kind of work. (b) Generat nature of Industry, business, or establishment in	(Duration) vrs. mos. de.
≥ ± 5	which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory 6 xhaustion of totting
9 00	10 NAME OF FATHER TO KSOW WEISTLE 11 BIRTHPLACE OF FATHER OF FATHER 11 BIRTHPLACE OF FATHER 11 BIRTHPLACE OF FATHER	(Signed) (Signed) (Address) (Address) (Signed) (Signed) (Address) (Address) (Signed)
of information should to DEATH in plain terms, See instructions on back	11 BIRTHPLACE OF FATHER (State or country): Jacus Quarter Mo 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place Is the
of info	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of deathyrsmosds. Stateyrsmosds Where was disease contracted, If not at place of death? Former or

(Address) 15

20 UNDERTAKER REGISTRAR

DATE OF BURIAL

ADDRESS

more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

OF BURIAL OR REMOVAL

usoai residence.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: ness. If retired from business, that fact may be indiof persons engaged in domestle service for wages, as duties of the household only (not paid Housekeepers statement. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is, indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcinelicsis of lungs, meninges, peritonaeum,

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skuil, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse," "Coma," "Convulsions," "Deblity" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory Aiways quailfy aii diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," ctc.), (secondary or intercurrent) "Dropsy," "Exhaustion," Never report



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

RECORD

25 V. S. No. 1.

County County 19789	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 267
VIII age or City Lawres Lynaules,	St.; Ward)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED ORDIVORCED (Write the word)	18 DATE OF DEATH NOV. 2, 1912 (Month) (Day (Year)
8 DATE OF BIRTH LULY 2D 1888	17 I HEREBY CERTIFY, That I attended decessed from
7 AGE (Month) (Bay (Year) 1 LESS than t day,hrs.	snd that death occurred on the data stated above, at # m The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work	Tulmonary Tuber culosis
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds
9 BIRTHPLACE (State or country)	Secondary Exhaustion (Doration) Sayes du mos de
10 NAME OF SATHER STATE OF SATHER STATE OF SATHER S	(Signed) (Signed), M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 Mail To Provide A Company OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) M. J.	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place 10 death were many the control of death were many the control of the control
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ot deathyrs,mosds. Stateyrs,mos,de Where was disease contracted, If not at place of death? Former or
(Address) Dames Luaste	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Nove 4, 1915 All S. Melly BEGISTERS	20 UNDERTAKER ADDRESS LOCAL TO WALLES

more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care cases, especially in industrial employments, it is necshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of ago. ness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. Grocery; (a) Foreman, (b) Automobile factory. The Civil engineer, Stationary freman, etc. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. ness. If retired from business, that fact may be indibeen changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons As examples: But in many

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